As a top WHO donor, in 2018–2019 the United Kingdom (UK) invested US$ 464 million in the work of the World Health Organization of which US$ 65 million was core voluntary flexible funding; US$ 43 million was assessed contributions and US$ 356 million specified voluntary contributions; it also made a significant contribution to the Contingency Fund for Emergencies in the amount of US$ 10.9 million.

**Promoting global prosperity - tackling extreme poverty**

The United Kingdom of Great Britain and Northern Ireland has long been a “force for good” in global health, fully committed to achieving SDG3: better health and well-being for all. The UK supports the World Health Organization and they work together to tackle some of the biggest health challenges of our time to make the world a safer and healthier place, including better pandemic preparedness and emergency response; building back resilient health systems and providing the highest quality technical advice to its Member States. The UK recognizes the unique convening and coordinating role fulfilled by the WHO, aware that no other organization has the range and comprehensive technical capabilities or geographic. The UK supports strongly WHO’s transformation to continue improving it.

In 2018-2019 the United Kingdom took the lead in mounting several critical summits: the Global Ministerial Mental Health Summit, the Global Disability Summit, addressing equity and health issues that are frequently marginalized; and the Safeguarding Summit, which exemplified the UK’s global leadership on the issue of sexual exploitation and abuse and sexual harassment in the aid sector.

**Delivering value for money and impact for health**

The United Kingdom contributions require twice yearly reporting. This rigorous close monitoring and collaboration strengthens donor engagement, builds trust and promotes greater accountability and transparency. The United Kingdom hosts 60 WHO collaborating centres, institutions such as research institutes, universities or academies, which are designated by the WHO Director-General to carry out activities in support of the Organization’s programmes.

**Key funding facts**

<table>
<thead>
<tr>
<th>One of the top WHO donors, contributing US$ 464 million in 2018-2019</th>
<th>Number one flexible donor in 2018-2019, with US$ 65 million towards the Core Voluntary Contribution Account (CVCA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third top donor to the CFE, US$ 10.9 million</td>
<td>One of the few countries that spent 0.7% of national income on aid (UN target)</td>
</tr>
</tbody>
</table>

**Increasing Voluntary Contributions**

<table>
<thead>
<tr>
<th>Year</th>
<th>Assessed contributions</th>
<th>Core Voluntary contributions</th>
<th>Voluntary contributions specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>350</td>
<td>300</td>
<td>250</td>
</tr>
<tr>
<td>2014/15</td>
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<tr>
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</tr>
<tr>
<td>2018/19</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Second top governmental donor to WHO**

Based on WHO revenue data (in US$ millions), 2018-2019

- USA
- UK
- Germany
- Japan
- EC

**Disclaimer:** The areas of work, achievements and amounts shown below are a selection and not a comprehensive report of the use of voluntary contributions provided by the United Kingdom for 2018-2019. More information: [http://open.who.int/2018-19/contributors/contributor](http://open.who.int/2018-19/contributors/contributor) and select 'United Kingdom'. The budget portal reflects funds which were available for implementation during the biennium, while the overall financial information above reflects contributions of signed and recorded agreements during the financial period, some of which will be used in the future.
Health funding in action
The UK delivers value for money, impact for health and tackles extreme poverty

1. Emergency preparedness, outbreak and crisis response

The United Kingdom continues to be a leading contributor to the WHO Health Emergencies Programme (WHE) and to the Contingency Fund for Emergencies (CFE). WHO’s Tackling Deadly Diseases in Africa Programme saves lives and reduces the impact of outbreaks and epidemics on populations in Guinea, Sierra Leone, Liberia, Côte d’Ivoire, Nigeria, Kenya, Mozambique and Botswana. The programme enhances the WHO African region’s ability to strengthen country capacity to adhere to the International Health Regulations, with better governance and accountability of public health systems, improved data and evidence, as well as emergency response.

Contingency Fund for Emergencies (CFE)

Impact highlights

UK’s contributions enabled WHO’s response to 58 health emergencies, and to investigate 500 events in 140 countries (66% were infectious outbreaks) including:

• Natural disasters such as Cyclone Idai in Mozambique
• Cholera outbreaks in war-torn Yemen
• Global outbreaks of measles
• Large-scale, protracted emergencies in Iraq, Lebanon, Libya, Nigeria, Somalia, South Sudan and the Syrian Arab Republic
• Preventing the spread of Ebola from the Democratic Republic of the Congo to Uganda

Preparedness and response

Impact highlights

• Enhanced capacities through real-life simulations to test emergency response readiness in 125 countries
• Development of national action plans to respond effectively in 65 countries

The International Health Regulations (2005) constitute the only international legally binding framework for protecting against, and responding to, the international spread of diseases.

Universal health coverage is a moral, economic and security imperative; UK’s support enabled WHO’s leadership on UHC at the United Nations General Assembly, the G20 summit in Osaka, and the Inter-Parliamentary Union Assembly in Belgrade.

WHO’s goal is to increase access to affordable health care, reducing poverty and creating economic growth, while strengthening health systems to halt the spread of disease and leave no-one behind. The UK champions in particular the access for people with disabilities. Over 900 million people globally do not have access to wheelchairs, eyeglasses, hearing aids, prosthetics and other life-changing assistive products. At the Global Disability Summit, UKaid, UNICEF, WHO and other partners launched the Global Partnership For Assistive Technology - ATscale to enable 500 million people access to assistive technology by 2030.

Impact highlights

- India and Kenya rolled out ambitious programmes to expand health care
- China, Egypt, and the Philippines adopted legislation to promote universal health coverage
- Ukraine increased financing of primary health care
- Contributed towards availability of accessible, affordable medicines, which are key to UHC, through the prequalification of:
  - A life-saving drug for breast cancer
  - An Ebola vaccine critical for response efforts and
  - A biosimilar insulin for diabetics
- Egypt, Georgia, Mongolia, Pakistan and Rwanda were supported to scale-up their hepatitis response
- More hepatitis antivirals registered and approved, for low- and middle-income countries to:
  - Reduce prices of a full treatment to under US$ 100
  - Strive for hepatitis C elimination
- Include hepatitis medicines in health insurance schemes

3. Antimicrobial resistance (AMR)

The United Kingdom’s Fleming Fund has contributed more than US$ 17 million in a multi-year commitment to WHO to fight antimicrobial resistance (AMR), caused by the misuse of antimicrobials in health or in the food chain. AMR compromises our ability to treat infectious diseases. The UK actively lobbies for international action on AMR, including collaborative leadership from the Tripartite on AMR: the WHO, Food and Agriculture Organisation (FAO) and the World Organisation for Animal Health (OIE). Significant successes in global collaboration include the establishment of the UN Inter-Agency Coordination Group on AMR and the launch of the Tripartite Joint Secretariat to implement their recommendations. The Tripartite also launched the Multi-Partner Trust Fund to take forward in-country action on AMR.

Impact highlights

- National action plans to fight AMR were established in 135 out of 194 Member States, with 50 more country plans in development
- Implementation of country plans is being monitored through the annual Tripartite AMR Country Self-Assessment Survey (TrACSS) to which 159 countries have already responded (representing 92% of the global population)
- The Essential Medicines List - Access, Watch, Reserve (AWaRe) framework was launched to guide policy-makers on the optimal use of antibiotics to reduce resistance; 22 countries have adopted the AWaRe classification of antibiotics
- Eighty-nine countries have enrolled in the Global Antimicrobial Resistance and Use Surveillance System (GLASS), with 66 countries providing resistance data collected from more than 9 000 surveillance sites—a three-fold increase since 2017, when only 23 countries submitted data on AMR
- World Antibiotic Awareness Week was recognized by over 100 countries and 720 events highlighted the responsibility of individuals and institutions to safeguard the existing global supply of antibiotics
Health funding in action
The UK delivers value for money, impact for health and tackles extreme poverty

4. Protecting people’s health from a changing environment

In June 2019 the United Kingdom’s government committed to spending its development assistance in line with the Paris Climate Agreement, as part of a wider government commitment to deliver net-zero carbon emissions by 2050.

Impact highlights

- Bangladesh, Ethiopia, Nepal and United Republic of Tanzania were able to put in place actions to address climate change, water and health
- Bangladesh, Ethiopia, Malawi, Mozambique and Nepal are strengthening surveillance systems and develop early warning systems for cholera and other climate-sensitive diseases
- In Ethiopia, climate resilient water safety plans were implemented in 31 water supply systems, covering more than 1 million people
- The 2019 WHO global strategy on health, environment and climate change provides a framework for action to respond to environmental health risks
- At the United Nations 2019 Climate Action Summit, 50 countries, representing over 1 billion people, answered WHO’s call to provide citizens with clean air by 2030 and committed to achieve the WHO Air Quality Guidelines values

Work on the BreatheLife campaign, coordinated by WHO with the Climate and Clean Air Coalition, the United Nations Environment Programme (UNEP) and the World Bank, continued to advance implementation of the WHO Air Quality Guidelines by sharing best practices

The BreatheLife campaign reached 76 cities and locations impacting nearly 300 million people

5. Malaria: From high burden to high impact

WHO’s High Burden to High Impact response is consistent with the United Kingdom’s focus on making impact in high burden countries, guided by the strategic use of evidence to achieve value for money and enabled by good development practice. Success will rely on political will, strategic information, better guidance and strategies, and coordination.

Impact highlights

- In 2018, a redoubling of efforts to combat malaria saw the new “high burden to high impact” approach launched in Mozambique, driven by the 11 most affected countries
- Four countries: Algeria, Argentina Paraguay and Uzbekistan were certified as malaria-free, elevating to a total of 38 countries and territories certified malaria-free by WHO, and with a growing number of countries with a low burden of malaria moving closer to elimination
- The world’s first malaria vaccine was launched in 2019, with the Governments of Ghana, Kenya and Malawi launching a landmark pilot programme coordinated by WHO:
  - With the potential to save tens of thousands of children’s lives as an additional prevention tool the vaccine is being included in routine immunization programmes
- Some 200 000 children received the first dose in 2019
- Data from the vaccine pilot will inform WHO policy recommendations
Health funding in action
The UK delivers value for money, impact for health and tackles extreme poverty

6. Polio eradication and transition
The goal of the Global Polio Eradication Initiative is to complete the eradication and containment of all wild, vaccine-related and Sabin polioviruses, such that no child ever again suffers paralytic poliomyelitis. In November 2019 the UK confirmed its commitment to eradicating polio by pledging a £400 million contribution for the next four years to help vaccinate more than 400 million children a year.

During the 2019 World Health Summit, a call was made to finish the job of eradicating polio and support countries to develop transition plans. Efforts are underway to embed polio activities within the broader immunization and comprehensive surveillance functions and outbreak and emergency response. Sustainable transition strategies are included in the “Immunization Agenda 2030” for the next decade.

Impact highlights
- 450 million children vaccinated against poliovirus in 2019
- 18 million cases of wild poliovirus averted
- 2.2 billion polio vaccine doses delivered
- 1.5 million children’s lives saved from polio
- Zero reported cases of wild poliovirus in Africa in the last 3 years
- US$ 2.6 billion pledged at the Last Mile Forum held in Abu Dhabi
- The Polio Endgame Strategy 2019–2023 was launched, a roadmap to achieving a world permanently free of all polioviruses

7. Reproductive, maternal, newborn, child and adolescent health
The United Kingdom supported WHO to strengthen Member State’s capacity to implement Reproductive Maternal, Newborn, Child and Adolescent Health guidelines by facilitating the development of integrated national plans in line with the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) and by developing and adapting operational guidance for humanitarian settings. The United Kingdom also launched a new aid programme, What Works to Prevent Violence: Impact at Scale, to help stop violence against one million of the world’s poorest women and girls.

Impact highlights
- Between 2000 and 2018, child mortality rates have declined by nearly half – in Afghanistan, declined by 52%
- 42% fewer newborn deaths in 2018 compared with 2000
- In 2019, community-initiated Kangaroo Mother Care (KMC) reduced newborn mortality by 30% and early infant mortality by 25%. KMC also improved exclusive breastfeeding, reduced infections, improved growth and care seeking behaviour
- 45% lower mortality rate for children under five years of age in 2018 compared with 2000
- 38% fewer maternal deaths in 2017 compared with 2000
- Sri Lanka successfully eliminated mother-to-child transmission of HIV and syphilis - the third country in WHO South-East Asia Region to achieve this after Thailand and Maldives
- A Call to Action in May 2018, renewed political will and a global strategy was developed to eliminate cervical cancer as a public health problem by 2030
- Teams in 21 countries have improved skills to identify barriers which prevent adolescents from accessing appropriate health programmes
8. Building a stronger, agile, results oriented WHO

The United Kingdom supports the WHO transformation agenda and invests in WHO’s organizational capacity. Strengthening WHO’s commitment to transparency, accountability and compliance will help enable WHO to fulfil its mission, manage its resources, and deliver value for money.

Impact highlights

• Organizational learning is now anchored in WHO’s work, notably through the establishment of the WHO Academy that will revolutionize adult learning in public health

• WHO uses new ways to engage relationships and build partnerships with governments, civil society or multilateral organizations to expand its reach and achieve its goals

• The Evaluation Workplan 2018-2019 helped assess progress made by the AFRO region countries – on-track to ending AIDS - and to define a way forward based on the lessons learned

• The transformation agenda drove five new special global initiatives tackling mental health, cardiac health, cervical cancer, childhood cancer, and elimination of trans-fat from the global food supply

• Key Performance Indicators (KPIs) Measurement Framework, introduced in the Eastern Mediterranean Region, is helping make Regional and Country Offices more responsive and results-driven

• A new Value-for-Money planning model supports strategic planning for GPW13, and an output scorecard was designed to measure its delivery

• External engagement and donor relations were strengthened further by investment in the International Aid Transparency Initiative-compliant web portal (www.open.who.int), which provides transparent financial information